

Lauri J. Romanzi, MD, PC

FACOG

Urogynics, PLLC

133 East 58th St suite 310

New York, New York 10022

212.935.4343

Fax: 4424

www.urogynics.org

June 10, 2010

Dear Patient,

As of October 1, 2010, I will be “Opting Out” of Medicare, which means that I will cease to be a participating provider with the Medicare Program and that any and all physician fees from me will be a 100% out of pocket expense to you, the patient, and that Medicare will not reimburse you for any such fees nor will any secondary insurance plan affiliated with your Medicare coverage.

I can not provide services to any patient that will submit a claim to Medicare or to another health plan or organization that accepts money for Medicare or + Choice Plan. If you like to submit claims for treatment to Medicare or to a Medicare + Choice Plan, I will gladly refer you to another physician who participates in the Medicare Program.

However, if you would like to receive from me, you must understand the following:

1. You must agree not to submit a claim to Medicare or a Medicare +Choice Plan (“Medicare”), or ask me to submit a claim to Medicare, even if services are covered by the Medicare Program;
2. You or your legal representative must agree to be responsible for payment for my services and acknowledge that no reimbursement will be provided by Medicare for these services;
3. No limitation on charges set by Medicare apply to these services;
4. Medicare payment will not be made for any items or services furnished by me that otherwise would be covered by Medicare (“Medicare Covered Services”);
5. Medigap Plans do not and other insurances may not provide reimbursement for such services; and
6. You have the right to obtain Medicare covered Services from the physicians and practitioners who have not opted-out of Medicare, and you should not feel compelled to enter into a private contract for these services.

If you would like to see me as your physician, please read and sign the attached form.

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I, _____, understand that Dr. Lauri Romanzi has opted out of the Medicare program and is not bound by the Medicare Physician Fee Schedule. However, I wish Dr. Lauri Romanzi to treat me as her patient. Accordingly, I agree to and understand the following:

1. I agree not to submit and will not ask Dr. Romanzi to submit a claim to Medicare or a Medicare + Choice Plan, even if the services provided by Dr. Romanzi are covered by the Medicare Program. (“Medicare Covered Services”).
2. I also agree to be responsible for payment for such services and acknowledge that no reimbursement will be provided by Medicare for these services.
3. I understand that Medicare’s limitation on charges will not apply to these services.
4. Further, I understand that Medigap plans do not and other supplemental insurance plans may not provide reimbursement for such services.
5. I have the right to have these services provided by other physicians for whom payment would be made by under Medicare.
6. Medicare payment will not be made for any items or Medicare Covered Services furnished by me that otherwise would be covered by Medicare program.
7. I have the e right to obtain Medicare Covered Services from physicians and practitioners who have not opted-out of Medicare and I am not compelled to enter into a private contract for these services.

Dr. Lauri Romanzi

Patient

Date